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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/280,927 10/25/2002

*on 3/30/05*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none on 3/30/05*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/27/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 18	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 8
Verified and Acknowledged	Examiner's Signature <i>CM</i> Initials				

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## TITLE

Adjustable bed

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